	TE/OFFICEHOLDER N FINANCE REPORT	5791	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS; MRS/MR MEUSSA	MI/	OFFICE USE ONLY
NAME	NICKNAME LAST COOWIN	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Austria To	STATE: ZIP CODE	Date Hand-delivered on Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 736-4-35	EXTENSION	Receipt # XX Amount 2
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME LAST GOODWILL	Evantus Suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT (SU	Fh, AVShn -	ZIP CODE 7870)
8 CAMPAIGN TREASURER ' PHONE	AREA CODE PHONE NUMBER (512) 736-4	339 EXTENSION	
9 REPORTTYPE	January 15 30th day before election	on Runoff	i5th day after campaign treasurer appointment (officenolder only)
	July 15 Sth day before election		Final report (Attach C/CH - FR)
10 PERIOD COVERED	Month Sav Year THRO	OUGH 6/30	D/OH
11 ELECTION	Month Day Year ELECTION TY		General Special
12 OFFICE	JUSTICE 1- F- The Peace	PAS OFFICE SOUGHT (I km	cwn)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign excenditures are campaign expectantial candidates are required to disclose this information.		
BY OTHER INDIVIDUALS	Name		
☑ additional pag ė s	Address / PO Box: Apt. / Suite #: City: State;	Ζ̄p Code	
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2
15 C/OH NAME			16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candid a without the candidate's or afficeholder's knowledge or consent. Candidate of they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
add:trone: pages		CCMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTÉE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	;	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	:	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	y s
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 12,800
19 AFFIDAVIT			
		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Gode. Signature of Capidio	,
AFFIX NOTARY STAM		the said Melissa Goodwin)
10 10	A 17	rtify which, witness my hand and seal of office.	LINDA LEE STUART Notary Public State of Texas
Signature of officer at	Se Atus dministering oath	Ponted name of officer administering oath	My Commission Expires e of Direct as Francisco April 2, 2008

exa	exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506				
	POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS				
1	The Instruction	Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 F	FILER NAME	Melissa Goodw	IN	3 ACCOUNT # (EIII	ics Commission (Vers)
4	Date	5 Full name of contributor out-of-state PAC (ID#: 6 Contributor address: City: State: Zip Code	· ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	:
	Date	Full name of contributor cut-of-scale PAC (ID#		Amount of contribution (\$)	In-kind contribution description (If applicable)
			-		
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ oct-of-state PAC (ID#		- Amount of contribution (\$)	In-kind contribution description (if applicable)
_	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
	Oate .	Full name of contributor cut-of-state PAC (IC# Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

PLEDGE	ED CONTRIBUTIONS			SCHEDULE B
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sche	dule B:
2 EN ED NAM	AC		3 ACCOUNT # (EIII	ure Commission filers)
2 FILER NAM	" Mehssa Spodi	NIN		La Collinasion mersy
יסד י	FAL OF UNITEMIZED PLEDGES! =		\$	\$
5 Date ·	6 Full name of pledgor Out-of-state PAC (ID#:	-	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See Ins	tructions)	
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of	In-kind description
	Pledgor address: City; State: Zip Code		pledge (\$)	(if applicable)
		- <u>į</u>	. •	<u>:</u>
Principal occu	upation / Job title (See Instructions)	Employer (See Ins	itructions)	
Date	Full name of pledgorout-of-state PAG (ID*); Pledgor address: City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount of . pledge (\$)	in-kiral disputipilan (if applicable)
Principal occi	upation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>
Date	Full name of pledgoroul-of-state PAC (ID# Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See Ins	structions)	<u> </u>
Cate	Full name of pledgorout-of-state PAC (IDs Pledgor address: City: State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	tupation / Job title (See Instructions)	Employer (See Ins	istructions)	<u> </u>
If con	ATTACH ADDITIONAL COPII			ing requirements.

				•
Texas Ethics Commis	sion P.O. Box 12070 Austin, T	Texas 78711-2070	(512) 463-5800	1-800-325-8506
LOANS		5.	sc	HEDULE E
The Instruction Guid	e explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME	Melissa S	oodwin	3 ACCOUNT # (Ethics Commission	ion filers)
тота	L OF UNITEMIZED LOANS:		D D \$	
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#) 9 Loan	Amount (S)
6 Is fender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Intere	est rate .
Y N			11 Matur	nty date
12 Principal occupation	n/Job title (See Instructions)	13 Employer (See In	structions)	
14 Description of Coilate	eral			•
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amou	nt Guaranteed (\$)
not applicable	17 Guarantor address; City; State:	Zip Code		
19 Principal Occupation		20 Employer		
Dale of loan	Name of lender	out-of-state PAC (ID#) Loan	Amount (\$)
's lender a financial Institution?	Lender address; City; State.	Zip Code	Intere	est rate
Y N			Matur	ity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruct	ons)	
Description of Collat	era'i			
GUARANTOR INFORMATION	Name of guarantor		Arrot	unt Guaranteed (\$)
	Guarantor address; City; State;	Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer

not applicable

Principal Occupation

P.O. Box 12070

POLITIO	CAL EXPENDITURES			SCHEDU	LE F
The INSTRUCTION	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAM	E Melisson Sand	M	3 ACCOUNT	# (Ethics Commission file	(18)
4 Date	5 Payee name 6 Payee address: City: State; Zip Code			7 Amoun (\$)	it .
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder		lo benefit C/OH Office sought	Office reld
Date	Рауве пате			Amour (S)	nt
Purpose of pa required.)	Payee address: City; State; Zip Code yment (See instructions regarding type of information	Complete if d . Candicate / Oಸiceholder		to benefit C/OH ··· Cfice sough	Office held
Date	Payee name Payee address; City: State: Zip Code			Amour (\$)	nt .
Purpose of pa required.)	ayment (See instructions regarding type of information	Complete if d Candidate / Officeholder		to benefit C/OH •• Office sought	Office Heid
Date	Payee name		_ 	Amour (\$)	nt
	Payee address; City: State: Zip Code			į	
Purpose of pa required.)	ayment (See instructions regarding type of information	•• Complete if d Candidate / Officenolder		to benefit C/OH Office sough:	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED		

	CAL EXPENDITURES FROM PERSONAL FUNDS		S	CHEDULE G
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sched	ule G:	 }
2 FILER NAM	Wellson Soudy	3 ACCOUNT # (Ethi	ics Comi	mission filers)
4 Date	6 Payee address; City: State; Zip Code		8	Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimbursement from political contributions inlanded
Date	Payee name Payee address: City: State; Zip Code			Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)		Reimoursement from political contributions intended
Date	Payee name Payee aodress: City: State: Zip Code			Amount (\$)
<u> </u>	Purpose of expenditure (See instructions regarding type of information red	ured.)		Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information red	quired.)		Amount (\$) Reimbursement from political controutions intended
Date	Payee name Payee address; City: State; Zip Code			Amount (\$)
	Purpose of expenditure (See instructions regarding type of information rec	· · · · · · · · · · · · · · · · · · ·		Reimbursement from political contributions intended
Ï				

	<u> </u>		,	
The Iнэтристо	ON GUIDE explains how to complete this form.		1 Total pages	Schedule H:
FILER NAM	E Mensson Soon		3 ACCOUNT#	(Ethics Commission filers)
Date	5 Business name 6 Business address; City: State. Zip Code			7 Amount (\$)
Purpose of par required.)	yment (See instructions regarding type of information	9 Complet Cand cate / Officence		iture to benefit C/OH Office sought Office he
Date	Business name Business address; City: State; Zip Code			Amount (\$)
Purpose of pa required.)	yment (See instructions regarding type of information	** Complet Candidate / Officeho	-	tture to benefit C/OH ··· Office sought Office h
Date	Business name Business address: City; State; Zip Code			Amaunt (\$)
Purpose of pa required.)	lyment (See instructions regarding type of information	Complete Candidate / Officente		liture to benefit C/OH •• Office sought Crisce h
Date	Business name			Amount (\$)
	Business address; City: State; Zip Code		· · · · · · · · · · · ·	
	ayment (See instructions regarding type of information	· Comple	te if direct expend	liture to benefit C/OH ··

The Instruction	ON Guide explains how to complete this form.	Total pages Schedule I:
FILER NAM	Melissa Godwin 3	ACCOUNT # (Etnics Commission filers)
Date .	5 Payee name City: State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information require	ed.}
Date	Payee name Payee address: City; State: Zip Code	Amount (S)
	Purpose of expenditure (See instructions regarding type of information require	ed.)
Date	Payed address: Chyr. State, - Zip Cede-	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	ed.)
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	ed.)
Date	Payee name Payee address City; State: Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information require	red.)

CREDI	ΓS (optional)	SCHEDULE K
The Instruction	n Guide explains how to complete this form.	1 Total pages Schedule K
2 FILER NAM	Melissa Coodu	3 ACCOUNT # (Ethics Commission filers)
4 Date	6 Payor address; City: State: Zip Code	8 Amount (\$)
	7 Reason or credit	
Date	Payor name Payor address: City; State; Zip Code	Amount (\$)
	Reason for credit	
· Date	Payor name Payor orlumno, City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Oate	Payor name Payor address; City; State, Zip Code	Amount (\$)
	Reason for credit	
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED